

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BEN-ROMDHANE, et al.

Serial No. 09/865,300

Confirmation No. 5178

Filed: May 24, 2001

For: System and Method for Extracting Software Inter-  
Component Dependencies for Re-Use, Re-Engineering  
and Comprehension (as amended)

Art Unit: 2124

Examiner: Ingberg, Todd D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
May 6, 2005

Date of Deposit

Juanita Soberanis

Name

Signature

05/06/2005

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Petition for Extension of Time (1-Month).  
☒ Amendment.  
☒ Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	109	-	109	**	0	LG=\$50 SM=\$25 \$ 0
INDEPENDENT CLAIMS FEE	15	-	15	***	0	LG=\$200 SM=\$100 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ Please charge the fee of \$ 120 to cover the **one-month** extension fee to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: May 6, 2005

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